## USEPA 290 BROADWAY NY, NY

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## NOTIFICATION OF DEMOLITION AND RENOVATION PAL JOB # 16-1084

Operator Project #	Postmark	Date Received	- 1	Notification #			
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): <b>O – Original</b>							
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):							
OWNER NAME: 1345 Leasehold LLC							
Address: 299 Park Avenue		481.81		The second			
City: New York	State: NY						
Contact Name: Shaun Jacobso			lephone: 212-752-5000				
REMOVAL CONTRACTOR: I		y Corp. d/b/a PAL E	nvironmental Ser	vices			
Address: 11-02 Queens Plaza South							
City: Long Island City		State: NY		Zip: 11101			
Contact Name: Aric Domozick		Telephone: 718-349-0900					
OTHER CONTRACTOR:							
Address:							
City:		State: Zip:					
Contact Name: Telephone:  TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation: R							
IS ASBESTOS PRESENT? (YES NO) <b>YES</b>							
15 ASDESTOS PRESENT! (TES NO) TES							
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)							
Building Name: Ziegfeld Theater							
Address: 141 West 54 <sup>th</sup> Street							
City: New York	State: N	State: NY		Zip: <b>10019</b>			
Site Location: 1st & 3rd Floor	FOR THE RESIDENCE OF THE PROPERTY OF THE PROPE	La Klaska te		e produce de la compansión de la compans			
Building Size: <b>1,900,241 SF</b>	# of Floo	# of Floors: 2		Age in Years: 48			
Present Use: Commercial		Prior Use: Commercial					
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM — Polarized Light Microscopy							
Approximate amount of asbes			Friable	Indicate Unit of Measurement Below			
Including  1. Regulated ACM to be rem	to be removed		s Material	below			
Category I ACM not remo     Category II ACM not remo     Category II ACM not rem	oved	id Not to be	not to be removed				
5. Category II Acid Hot Telli	Oved	CAT I	CAT II	l	JNIT		
			Line	ear Feet:	Ln M:		
Surface Area: Wall Soundpr	oofing 6,000			uare Feet: X	Square Meter:		
Volume RACM off Facility Com			Cuf		Cu M:		
Scheduled Dates Asbestos Re	Start: <b>05/0</b>		Complete: <b>05/01/2017</b>				
Scheduled Dates Demo/Renov	Start:	Start: Complete:					

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DESCRIPTION OF PLANNED DEMOLITION OR RE	NOVATION WORK, AND METHOD (S) TO	) BE USED:	
DESCRIPTION OF WORK PRACTICES AND ENGIN			
THE DEMOLITION AND RENOVATION SITE:			
HEPA Vacs, Micro Traps (Negative Air Pressure) a	ind amended water will be utilized for en	nissions control.	
WASTE TRANSPORTER #1			
Name: ATC			
Address: 2 Moriches Middle Island Road			
City: Shirley	State: NY	Zip: 44688	
Contact Name: Kenny Smith		Telephone: 631-924-5050	
WASTE TRANSPORTER #2			
Name: Tri State Transfer Associates			
Address: 1199 Randall Avenue			
City: Long Island City	State: NY	Zip: 10474	
Contact Name: Jimmy Byrne		Telephone: 718-617-0771	
WASTE TRANSPORTER #3			
Name: P.A.L. Environmental Safety Corp. d/b/a P.	AL Environmental Services		
Location: 11-02 Queens Plaza South			
City: Long Island City	City: Long Island City	City: Long Island City	
Telephone: 718-349-0900			
Disposal Facility			
Name: Minerva Enterprises			
Location: 9000 Minerva Road, SE	Location: 9000 Minerva Road, SE		
City: Waynesburg	State: OH	Zip: 44688	
FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (mm/dd./yy)			
Description of the Sudden, Unexpected Event:			
Explanation of how the event caused unsafe cond			
DESCRIPTION OF PROCEDURE TO BE FOLLOWED			
NONFRIABLE ASBESTOS MATERIAL BECOMES CR			
unexpectedly, or non-friable ACM, which becomes	s crumbled, will be immediately wet with	amended water and cleaned up with HEPA Vacs	
to be put in 6 mil poly bags for proper disposal.			
I CERTIFY THAT AN INDIVIDUAL TRAINED IN TH	TE PROVISIONS OF THIS REGUALTION (	40 CFT PART 61, SUBPART M), WILL BE ON-	
SITE DURING THE DEMOLITION OR RENOVATION	IN AND EVIDENCE THAT THE REQUIRED	TRAINING HAS BEEN ACCOMPLISHED BY THIS	
PERSON WILL BE AVAILABLE FOR INSPECTION D	JURING NORMAL BUSINESS HOURS (red	juired 1 year aπer promulgation)	
I/M	04/20/2016		
Signature of Owner/Operator	Date		
I certify that the above information is correct	Date		
1 certary trial trial above information is correct			
V <b>/</b> \	04/20/2016		
Signature of Owner/Operator	Date		